


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. **02A**

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER <b>006-367</b>	2. PERIOD COVERED MO DAY YEAR From <b>01 01 2000</b> Through <b>12 31 2000</b>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
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## IMPORTANT

Peel off the address label from the back of the package and place it here.

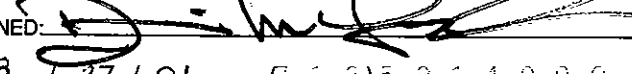
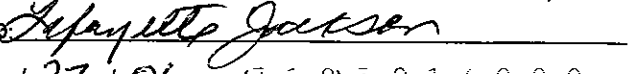
If the label information is correct, leave Items 4 through 8 blank.

If any of the label information is incorrect, complete Items 4 through 8.

4. AFFILIATION OR ORGANIZATION NAME <b>INT'L BROTHERHOOD OF ELECTRICAL WORKERS</b>		8. MAILING ADDRESS (Type or print in capital letters.) First Name <b>DENNIS</b> Last Name <b>MCSPEEDON</b> P.O. Box • Building and Room Number (if any)  Number and Street <b>158-11 HWY A JR AVE</b> City <b>FLUSHING</b> State ZIP Code + 4 <b>NY 11365 -</b>	
5. DESIGNATION (Local, Lodge, etc.) <b>LOCAL</b>	6. DESIGNATION NUMBER <b>2</b>		
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number <b>72</b>  <b>VARIOUS</b>	<b>THIS ITEM REFLECTS ONLY DISBURSEMENTS ON BEHALF OF INDIVIDUAL MEMBERS FOR OTHER THAN NORMAL OPERATING PURPOSES. ALL OF OUR EXPENSES BENEFIT THE ENTIRE UNION MEMBERSHIP AND INDIVIDUALS ARE NOT NORMALLY SINGLED OUT FOR SPECIAL PURPOSES.</b>  <b>SEE ATTACHED SCHEDULE</b>

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  <b>3 127 101</b> (718) 591-4000 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  <b>3 127 101</b> (718) 591-4000 Date Telephone Number	TREASURER (If other title, see instructions.)
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*During the Reporting Period Did Your Organization:*

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 12. Have a political action committee (PAC) fund? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 3 2 2 7 6
19. What is the date of your organization's next regular election of officers? MO 05 YEAR 2 0 0 2
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 0 0 0 0 0 0
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 9.69/29.40 per Month (Month, Year, etc.)
(b) Initiation Fees	\$ 10.00/300.00
(c) Transfer Fees	\$ None
(d) Work Permits	\$ None per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) Yes ☐ No ☒
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 006-367

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
<b>ASSETS</b>	25. Cash .....		1	1 6 6 9 7 2 6	2 5 1 6 5 6 9
	26. Accounts Receivable .....			2 1 7 9 3 3	2 4 9 2 4 6
	27. Loans Receivable .....			0	0
	28. U.S. Treasury Securities .....			8 6 0 4 9 0 8	7 7 6 1 1 2 9
	29. Investments .....		2	6 1 3 3 9 0 3	1 1 3 8 3 5 1 6
	30. Fixed Assets .....			5 8 7 1 0 6	6 1 2 4 7 1
	31. Other Assets .....		3	2 6 6 6 2	8 0 1 3 7
	32. TOTAL ASSETS .....			1 7 2 4 0 3 4 8	2 2 5 0 5 1 6 9
<b>LIABILITIES</b>	33. Accounts Payable .....		8	1 6 6 2 6 3	3 4 1 2 5 0
	34. Loans Payable .....			0	0
	35. Mortgages Payable .....			0	0
	36. Other Liabilities .....		4	7 0 0 5 9 1	1 2 5 7 5 3 3
	37. TOTAL LIABILITIES .....			8 2 6 8 5 4	1 5 9 6 8 8 3
	38. NET ASSETS (Item 32 less Item 37) .....			1 6 3 7 3 4 9 4	2 1 0 0 6 2 8 6

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 006-367

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues .....			2 4 2 8 4 4 6	56. To Officers .....	9		3 1 9 0 0 1
40. Per Capita Tax .....			0	57. To Employees .....	10		2 3 9 9 7 6 0
41. Fees .....			1 9 8 4 6 2	58. Per Capita Tax .....			0
42. Fines .....			3 6 1 0	59. Fees, Fines, Assessments, etc. ....			0
43. Assessments .....			1 1 1 5 4 5 5 4	60. Office & Administrative Expense ....	13		1 2 4 3 9 1 0
44. Work Permits .....			0	61. Educational & Publicity Expense ...			3 0 6 3 5 4
45. Sale of Supplies .....			0	62. Professional Fees .....			5 9 1 6 8 8
46. Interest .....			1 0 1 9 0 0 1	63. Benefits .....	11		2 1 6 3 6 1 3
47. Dividends .....			1 6 0 6 7	64. Contributions, Gifts & Grants .....	12		3 1 0 0 0
48. Rents .....			2 0 4 9 2 9	65. Supplies for Resale .....			0
49. Sale of Investments & Fixed Assets .....	6		1 0 7 8 8 2 4 2	66. Direct Taxes .....			3 1 0 1 6 5
50. Loans Obtained .....	8		0	67. Withholding Taxes .....			9 6 4 4 8 4
51. Repayments of Loans Made .....	1		0	68. Purchase of Investments & Fixed Assets .....	7		1 4 3 1 3 5 8 4
52. On Behalf of Affiliates for Transmittal to Them .....			7 1 7 8 8 9 7	69. Loans Made .....	1		0
53. From Members for Disbursement on Their Behalf .....			0	70. Repayment of Loans Obtained .....	8		0
54. Other Receipts .....	14		1 6 1 9 3 6	71. To Affiliates of Funds Collected on Their Behalf .....			7 6 3 0 6 3 8
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements .....	15		2 0 0 2 7 4 6
55. TOTAL RECEIPTS .....			3 3 1 5 3 6 4 4	74. TOTAL DISBURSEMENTS .....			3 2 2 9 6 9 6 3

FILE NUMBER: 3-0-6-3-6-7

**SCHEDULE 1 — LOANS RECEIVABLE**Form LM-2 (Revised 2000)

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	11310347
2. Total Book Value	11383616
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) SEE ATTACHED SCHEDULE	
(b)	
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a)	
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	2536134
7. Total of Lines 2 and 5	11383616
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 0106-367

## SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	80137
7. Total of Lines 1 through 6	80137
Enter the Total from Line 7 in ..... Item 31, Column (B)	

## SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	1257633
7. Total of Lines 1 through 6	1257633
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 006-367

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)	287000		287000	N/A
3. Buildings (give location):				
4. Totals from additional pages (if any)	555488	431100	124388	N/A
5. Automobiles and Other Vehicles	0	0	0	N/A
6. Office Furniture and Equipment	655668	544710	110958	N/A
7. Other Fixed Assets	455960	365834	90126	N/A
8. Totals of Lines 1 through 7	1984116	1341644	612472	N/A

Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)

# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. SEE ATTACHED SCHEDULE				
2.				
3.				
4.				
5. Totals from additional pages (if any)	10850821	10850821	10788242	10788242
6. Totals of Lines 1 through 5	10850821	10850821	10788242	10788242
			7. Less Reinvestments	0
			8. Net Sales	10788242

Enter the Total from Line 8 in ..... Item 49

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 006-367

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. SEE ATTACHED SCHEDULE			
2.			
3.			
4.			
5. Totals from additional pages (if any)	14313564	14313564	14313564
6. Totals of Lines 1 through 5	14313564	14313564	14313564
	7. Less Reinvestments		0
	8. Net Purchases		14313564
Enter the Total from Line 8 in ..... <sup>↑</sup> Item 68			

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ..... <sup>↑</sup> Item 34 Column (C) ..... <sup>↑</sup> Item 50 ..... <sup>↑</sup> Item 70 ..... <sup>↑</sup> Item 75 with Explanation ..... <sup>↑</sup> Item 34 Column (D)					



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 006-367

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*						
1. VAN ARSDALE T. Title BUS. MGR. Status C			88559	0	9414	0	97973
2. MCSPECKON D. Title PRESIDENT Status C			85921	23400	11768	0	121069
3. BRUZZESE S. Title VICE PRESIDENT Status C			0	0	5696	0	5696
4. MARCHELL J. Title FIN. SEC'Y Status C			85921	23400	15336	0	124657
5. JACKSON L. Title TREASURER Status C			1300	0	1618	0	2918
6. BECHTOLD J. Title REC. SEC'Y Status C			83283	23400	1628	0	108311
7. Title Status			0	0	0	0	0
8. Totals from additional pages (if any)			0	0	0	0	0
9. Totals of Lines 1 through 8			344984	70200	45460	0	460644
10. Less Deductions			141643				
Enter the Total from Line 11 in ..... Item 56 ➡			11. Net Disbursements 319001				

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 006-367

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name: MELVILLE First Name: R. Position: ASST. BUS. MGR. Name of Affiliated Organization: N/A	8 5 9 2 2	2 3 4 0 0	9 1 7 6	0	1 1 8 4 9 3
2. Last Name: O'HARA First Name: J. Position: ASST. BUS. MGR. Name of Affiliated Organization: N/A	3 8 3 3 3	0	0	0	3 8 3 3 3
3. Last Name: CANISTRACI First Name: S. Position: BUS. REP. Name of Affiliated Organization: N/A	3 7 1 4 2	1 2 4 2 0	0	0	4 9 5 6 2
4. Last Name: COHEN First Name: H. Position: BUS. REP. Name of Affiliated Organization: N/A	8 3 2 8 2	2 3 4 0 0	1 2 6 9 9	0	1 1 9 3 8 1
5. Last Name: DAUR First Name: T. Position: BUS. REP. Name of Affiliated Organization: N/A	8 3 2 8 2	2 3 4 0 0	5 3 5	0	1 0 7 2 1 7
6. Totals from additional pages (if any)	2 6 9 7 0 9 2	5 0 7 3 3 0	4 8 7 9 3	0	3 2 5 3 2 1 5
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	5 1 1 3 5	0	0	0	5 1 1 3 5
8. Totals of Lines 1 through 7	3 0 7 6 1 8 8	5 8 9 9 5 0	7 1 2 0 3	0	3 7 3 7 3 4 1
Enter the Total from Line 10 in..... Item 57 ➡			9. Less Deductions		
			2 3 3 7 5 6 1		
			10. Net Disbursements		
			2 3 9 9 7 8 0		

# SCHEDULE 11 — BENEFITS

FILE NUMBER: 006-367

Description (A)	To Whom Paid (B)	Amount (C)
1. SEE ATTACHED SCHEDULE		
2.		
3.		
4.		
5. Total from additional pages (if any)		2163613
6. Total of Lines 1 through 5		2163613
Enter the Total from Line 6 ..... Item 63		


## SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	31000
8. Total of Lines 1 through 7	31000
Enter the Total from Line 8 in ..... Item 64	


## SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	1243910
8. Total of Lines 1 through 7	1243910
Enter the Total from Line 8 in ..... Item 60	

**SCHEDULE 14 —  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	161936
17. Total of Lines 1 through 16	161936
Enter the Total from Line 17 in .....  Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	2002746
17. Total of Lines 1 through 16	2002746
Enter the Total from Line 17 in .....  Item 73	

ORGANIZATION NAME:  
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 006-367

ADDITIONAL PAGES

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# **SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: DEALBERO First Name: C. Position: BUS. REP. Name of Affiliated Organization: N/A	7 6 6 8 8	2 3 4 0 0	1 6 8 8	0	1 0 1 7 7 6
Last Name: ERINSON First Name: C. Position: BUS. REP. Name of Affiliated Organization: N/A	8 4 5 0 1	2 3 4 0 0	9 3 0 2	0	1 1 7 2 0 3
Last Name: GORE First Name: D. Position: BUS. REP. Name of Affiliated Organization: N/A	8 3 2 8 2	2 3 4 0 0	0 4 4	0	1 0 6 9 2 6
Last Name: GRIFFITH First Name: D. Position: BUS. REP. Name of Affiliated Organization: N/A	8 1 8 8 7	2 3 4 0 0	6 7 0 4	0	1 1 1 9 9 1
Last Name: HANSEN First Name: M. Position: BUS. REP. Name of Affiliated Organization: N/A	8 3 1 8 2	2 3 4 0 0	2 0 5 1	0	1 0 8 7 3 3
Totals					

ORGANIZATION NAME:  
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

ENDING DATE OF PERIOD COVERED:  
11-31-00

FILE NUMBER: 0 0 6 - 3 6 7

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 006-367

PAGE 10 OF 26 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: JINESON First Name: W. Position: BUS. REP. Name of Affiliated Organization: N/A	83282	23400	0	0	106682
Last Name: KORMAN First Name: I. Position: BUS. REP. Name of Affiliated Organization: N/A	63263	23400	350	0	107033
Last Name: LOPEZ First Name: E. Position: BUS. REP. Name of Affiliated Organization: N/A	83283	23400	5523	0	112206
Last Name: MC EL ROEN First Name: V. Position: BUS. REP. Name of Affiliated Organization: N/A	83283	23400	5137	0	111820
Last Name: MC SPEDON First Name: Daniel Position: BUS. REP. Name of Affiliated Organization: N/A	83282	23400	0	0	106682
Totals					

ORGANIZATION NAME: **UNITED BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3**

FILE NUMBER: **006-367**

ENDING DATE OF PERIOD COVERED: **12-31-00**

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<b>Totals</b>					



ORGANIZATION NAME:  
 INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 2  
 ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 006-13,617

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ADDITIONAL PAGES

# **SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name First Name MCS PEDON J. Position BUS. REP. Name of Affiliated Organization N/A	8 3 2 8 3	2 3 4 0 0	2 0 0	0	1 0 6 8 8 3
Last Name First Name NICHOLS R. Position BUS. REP. Name of Affiliated Organization N/A	7 6 6 8 8	2 3 4 0 0	3 5 1 1	0	0 0 3 5 9 9
Last Name First Name CLENICK R. Position BUS. REP. Name of Affiliated Organization N/A	7 6 6 8 8	2 3 4 0 0	1 1 1 2	0	1 0 1 2 0 0
Last Name First Name RYAN P. Position BUS. REP. Name of Affiliated Organization N/A	8 3 2 8 3	2 3 4 0 0	3 7 0	0	1 0 7 0 5 3
Last Name First Name SOCIARA I. Position BUS. REP. Name of Affiliated Organization N/A	8 3 2 8 3	2 3 4 0 0	1 6 4 0	0	1 0 8 3 2 3
Totals					

ORGANIZATION NAME:  
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

ENDING DATE OF PERIOD COVERED:  
12-31-01

FILE NUMBER: 006-367

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
Totals					

ORGANIZATION NAME:  
 IRELL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3  
 ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 006-367

PAGE 12 OF 26 ADDITIONAL PAGES

# **SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name SCOTLAND T. Position BUS. REP. Name of Affiliated Organization N/A	7 6 6 8 8	2 3 4 0 0	1 6 1 0	0	1 0 1 6 9 8
Last Name First Name VAN ARSDALE I. Position BUS. REP. Name of Affiliated Organization N/A	8 3 2 8 3	2 3 4 0 0	4 5 3 4	0	1 1 1 2 3 7
Last Name First Name ROBERTSON C. Position BUS. REP. Name of Affiliated Organization N/A	5 5 2 1 3	1 7 9 1 0	1 1 6 4	0	7 4 2 8 9
Last Name First Name MCCANN A. Position BUS. REP. Name of Affiliated Organization N/A	7 5 6 5 3	2 2 4 1 0	2 6 1 9	0	1 0 1 0 8 2
Last Name First Name WHELEN M. Position BUS. REP. Name of Affiliated Organization N/A	8 3 2 8 3	2 3 4 0 0	3 1 4	0	1 0 7 4 9 7
Totals					

ORGANIZATION NAME:  
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 2

ENDING DATE OF PERIOD COVERED:  
12-31-00

FILE NUMBER: 006-367

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____	0	0	0	0	0
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____	0	0	0	0	0
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____	0	0	0	0	0
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____	0	0	0	0	0
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____	0	0	0	0	0
<b>Totals</b>					

ORGANIZATION NAME: INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3
ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 0 0 6 - 3 6 7

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ADDITIONAL PAGES

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name S C H W A R T Z First Name S .		7 5 8 5 3	2 2 4 1 0	0	0	9 8 2 6 3
Position B U S . R E P .						
Name of Affiliated Organization N / A						
Last Name V I C A R I First Name J .		0	2 3 4 0 0	0	0	2 3 4 0 0
Position B U S . R E P .						
Name of Affiliated Organization N / A						
Last Name First Name				0	0	0
Position 						
Name of Affiliated Organization						
Last Name First Name				0	0	0
Position 						
Name of Affiliated Organization						
Last Name First Name				0	0	0
Position 						
Name of Affiliated Organization						
Totals						

ORGANIZATION NAME:  
 INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3  
 ENDING DATE OF PERIOD COVERED:  
 12-31-00

FILE NUMBER: 0 0 6 - 3 6 7

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____	0	0	0	0	0
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____	0	0	0	0	0
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____	0	0	0	0	0
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____	0	0	0	0	0
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____	0	0	0	0	0
Totals					

ORGANIZATION NAME:  
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 0 0 6 - 3 6 7

PAGE 14 OF 26 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name B A R A B A S H	First Name A .	3 5 6 3 4		0	0	3 5 6 3 4
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name B U R S C H	First Name C .	1 7 4 9 3		0	0	1 7 4 9 3
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name C A M P O S	First Name X .	1 8 7 3 9		0	0	1 8 7 3 9
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name C L O W	First Name C .	5 0 4 3 9		0	0	5 0 4 3 9
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name C O N D O S	First Name P .	4 6 8 6 5		0	0	4 6 8 6 5
Position O F F I C E						
Name of Affiliated Organization N / A						
Totals						

ORGANIZATION NAME INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3
ENDING DATE OF PERIOD COVERED 12-31-00

FILE NUMBER: 006-367

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
Totals					



ORGANIZATION NAME:  
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 006-367

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# **SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name C O N K L I N	First Name E .	6 0 3 2 5		0	0	6 0 3 2 5
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name C O R T E S	First Name I .	1 6 0 4 7		0	0	1 6 0 4 7
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name C O U S I N	First Name A .	1 3 8 8 3		0	0	1 3 8 8 3
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name F I E L D S	First Name J .	1 9 4 0 4		0	0	1 9 4 0 4
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name G I E L I N	First Name I .	2 6 9 6 7		0	0	2 6 9 6 7
Position O F F I C E						
Name of Affiliated Organization N / A						
Totals						

ORGANIZATION NAME: **INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3**

FILE NUMBER: **006-367**

ENDING DATE OF PERIOD COVERED: **12-31-00**

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
Totals					

ORGANIZATION NAME:  
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 0 0 6 - 3 6 7

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## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name GREENBERG	First Name M .	2 8 5 0 4		0	0	2 8 5 0 4
Position OFFICE						
Name of Affiliated Organization N / A						
Last Name HERNANDEZ	First Name M .	1 0 6 8 0		0	0	1 0 6 8 0
Position OFFICE						
Name of Affiliated Organization N / A						
Last Name HOWELL	First Name T .	3 3 4 3 7		0	0	3 3 4 3 7
Position OFFICE						
Name of Affiliated Organization N / A						
Last Name JENNINGS	First Name H .	2 6 1 0 1		0	0	2 6 1 0 1
Position OFFICE						
Name of Affiliated Organization N / A						
Last Name LUNDGREN	First Name C .	1 5 9 2 4		0	0	1 5 9 2 4
Position OFFICE						
Name of Affiliated Organization N / A						
Totals						

ORGANIZATION NAME: **UNITED BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3**

ENDING DATE OF PERIOD COVERED: **12-31-00**

FILE NUMBER: **006-367**

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
Totals					

ORGANIZATION NAME:  
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 0 0 6 - 3 6 7

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ADDITIONAL PAGES

# **SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name M A R C A N O	First Name I .	2 4 0 6 9		0	0	2 4 0 6 9
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name M C F O Y	First Name B .	3 4 0 5 0		0	0	3 4 0 5 0
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name M C G A S K E Y	First Name D .	1 1 2 8 8		0	0	1 1 2 8 8
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name M O Q U I N	First Name N .	1 2 7 7 5		0	0	1 2 7 7 5
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name M U S M A N N O	First Name J .	2 3 8 6 8		0	0	2 3 8 6 8
Position O F F I C E						
Name of Affiliated Organization N / A						
Totals						

ORGANIZATION NAME:  
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

ENDING DATE OF PERIOD COVERED:  
12-31-00

FILE NUMBER: 006-367

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div>0</div> <div>0</div> <div>0</div> <div>0</div> <div>0</div>					
<div>Position</div> <div>Name of Affiliated Organization</div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div>0</div> <div>0</div> <div>0</div> <div>0</div> <div>0</div>					
<div>Position</div> <div>Name of Affiliated Organization</div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div>0</div> <div>0</div> <div>0</div> <div>0</div> <div>0</div>					
<div>Position</div> <div>Name of Affiliated Organization</div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div>0</div> <div>0</div> <div>0</div> <div>0</div> <div>0</div>					
<div>Position</div> <div>Name of Affiliated Organization</div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div>0</div> <div>0</div> <div>0</div> <div>0</div> <div>0</div>					
<div>Position</div> <div>Name of Affiliated Organization</div>					
Totals					

ORGANIZATION NAME:  
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 0 0 6 - 3 6 7

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## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name N A P O L I T A N O	First Name P .	2 2 0 3 5		0	0	2 2 0 3 5
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name R E G I N A	First Name E .	2 7 1 4 0		0	0	2 7 1 4 0
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name R E N N A	First Name M .	6 1 0 9 5		0	0	6 1 0 9 5
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name R I P A R I	First Name B .	5 6 3 5 3		0	0	5 6 3 5 3
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name R I V E R A	First Name D .	1 5 9 2 1		0	0	1 5 9 2 1
Position O F F I C E						
Name of Affiliated Organization N / A						
Totals						

ORGANIZATION NAME:  
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

ENDING DATE OF PERIOD COVERED:  
12-31-00

FILE NUMBER: 0 0 6 - 3 6 7

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
Totals					



ORGANIZATION NAME  
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 0 0 6 - 3 6 7

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## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name R O S A L I A	First Name M .	3 7 0 3 2		0	0	3 7 0 3 2
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name S A B O	First Name E .	1 9 0 6 2		0	0	1 9 0 6 2
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name S A N F I L I P P O	First Name R .	2 3 4 0 3		0	0	2 3 4 0 3
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name S C H A E F E R	First Name M .	3 8 7 1 8		0	0	3 8 7 1 8
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name S C H L O S S	First Name V .	3 3 3 3 1		0	0	3 3 3 3 1
Position O F F I C E						
Name of Affiliated Organization N / A						
Totals						

ORGANIZATION NAME INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3
ENDING DATE OF PERIOD COVERED 12-31-00

FILE NUMBER: 0 0 6 \_ 3 6 7

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
Totals					

ORGANIZATION NAME:  
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 0 0 6 - 3 6 7

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## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name S I L S O N	First Name E .	1 8 8 5 8		0	0	1 8 8 5 8
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name S U C H Y	First Name M .	2 0 4 3 4		0	0	2 0 4 3 4
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name T O R R E S	First Name A .	2 9 0 4 8		0	0	2 9 0 4 8
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name W A L D E N	First Name D .	2 5 3 3 1		0	0	2 5 3 3 1
Position O F F I C E						
Name of Affiliated Organization N / A						
Last Name W R Y N N	First Name D .	4 2 0 9 5		0	0	4 2 0 9 5
Position O F F I C E						
Name of Affiliated Organization N / A						
Totals						

ORGANIZATION NAME: **INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3**

FILE NUMBER: **0 0 6 - 3 6 7**

ENDING DATE OF PERIOD COVERED: **12-31-00**

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## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>		0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>		0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>		0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>		0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>		0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>		0	0	0	0	0
Totals						

ORGANIZATION NAME:  
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 0 0 6 - 3 6 7

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## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>M C S P E D O N</div> <div>C H R I S</div> <div>Position</div> <div>O F F I C E</div> <div>Name of Affiliated Organization</div> <div>N / A</div> </div>	2 1 2 9 1				2 1 2 9 1
<div> <div>Last Name</div> <div>First Name</div> <div></div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> <div></div> </div>					0
<div> <div>Last Name</div> <div>First Name</div> <div></div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> <div></div> </div>					0
<div> <div>Last Name</div> <div>First Name</div> <div></div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> <div></div> </div>					0
<div> <div>Last Name</div> <div>First Name</div> <div></div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> <div></div> </div>					0
Totals					

ORGANIZATION NAME:  
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

ENDING DATE OF PERIOD COVERED:  
12-31-00

FILE NUMBER: 006-367

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					0
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					0
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					0
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					0
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					0
Totals					

LOCAL UNION NO. 3 OF THE INTERNATIONAL  
BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO  
YEAR ENDED DECEMBER 31, 2000  
FILE NUMBER 006-367

*Attachment to form LM-2*  
Item 25 – Reconciliation of Cash

Statement A, Item 25, Column A – Cash, start of reporting period	\$ 1,699,716
Statement B, Item 55 – Total Receipts	33,153,844
Statement B, Item 74 – Total Disbursements	(32,296,963)
Amount included as cash in Item 25, Column A representing a cash disbursement made by Local 3 in 1999 to its subsidiary, Local 3 Realty for rent, which was recorded as a receivable on the subsidiary's books.	<u>( 8,028)</u>
Statement A, Item 25, Column B – Cash, end of reporting period	<u>\$ 2,518,569</u>





**LOCAL UNION NO. 3 OF THE INTERNATIONAL  
BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO  
YEAR ENDED DECEMBER 31, 2000  
FILE NUMBER 006-367**

*Attachment to form LM-2*

Item 75 - Additional Information

**Item 10: Subsidiary Organization**

- Electrical Workers Local 3 Realty Corporation  
200 Bloomingdale Road  
White Plains, New York 10605
- Title Holding Corporation
- The information concerning this subsidiary has been consolidated into this  
LM-2 under method (1).

**Item 11: Participation in Creation and Administration of Trust**

<u>Name of Trust</u>	<u>Purpose</u>
- Employees Security Fund of the Electrical Products Industries 13-6100907	Provide pension, health and welfare benefits.
- Annuity Plan of the Electrical Industry Plan No. 003 13-0891035	Provide annuity and death benefits.
- Additional Security Benefits Plan Of the Electrical Industry	Provide annuity benefits.
- Annuity Plan of the Electrical Products Industries 13-6097288	Provide annuity and death benefits.
- Educational and Cultural Trust Fund of the Electrical Industry	Provide scholarships and related cultural programs.

All of the above are located at 158-11 Harry Van Arsdale Jr. Avenue, Flushing, NY 11365

**Item 14: Audit of Books and Records**

The Local's financial statements have been audited by Thomas Havey LLP, an outside accounting firm.



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Description (A)	Amount (B)
<b>Marketable Securities</b>	
(a) BT INSTITUTIONAL LIQUID ASSETS FUND	2,538,134
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
<b>Other Investments</b>	
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Investments (other than US Treasury Securities)	2,538,134



Period End Date: 12-31-2000

### SCHEDULE 3 -- OTHER ASSETS

[illegible]



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Period End Date: 12-31-2000

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Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
200 Bloomingdale Road, White Plains, NY 10605	287,000		287,000	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
Total Other Land	287,000		287,000	N/A
3. Buildings (give location):				
200 Bloomingdale Road, White Plains, NY 10605	555,488	431,100	124,388	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
Total Other Buildings	555,488	431,100	124,388	N/A



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## SCHEDULE 6 -- SALE OF INVESTMENTS AND FIXED ASSETS

[illegible]



Period End Date: 12-31-2000

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**SCHEDULE 7 -- PURCHASE OF INVESTMENTS AND FIXED ASSETS**

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Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (E)
1. Short-term Investment Funds	8,252,249	8,252,249	8,252,249
2. US Treasury Securities	3,340,551	3,340,551	3,340,551
3. Federal Agency Obligations	916,890	916,890	916,890
4. Corporate Bonds	1,726,949	1,726,949	1,726,949
5. Office Furniture & Fixtures	61,844	61,844	61,844
6. Computer	15,101	15,101	15,101
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
Purchase of Investments and fixed assets - Other	14,313,584	14,313,584	14,313,584



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## SCHEDULE 11 - BENEFITS

[illegible]





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**SCHEDULE 12 CONTRIBUTIONS, GIFTS & GRANTS - Other**

Description (A)	Amount (B)
	0
1. Political and Charitable Contributions	31,000
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Contributions, gifts, & grants - other	31,000



**SCHEDULE 13 – OFFICE AND ADMINISTRATIVE EXPENSE - Other**

Description (A)	Amount (B)
1. Data Processing and Maintenance	68,195
2. Real Estate Taxes	42,081
3. Subscriptions and Periodicals	19,167
4. Stationery & Printing	8,160
5. Office Supplies & Expenses	168,196
6. Postage & Mailing	155,859
7. Telephone	113,714
8. Insurance	55,952
9. Repairs & Maintenance	47,420
10. Utilities	50,063
11. Cleaning & Maintenance	5,052
12. Rent	510,051
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Office & Administrative Expense - other	1,243,910



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Description (A)	Amount (B)
1. Refund of Premiums	12,223
2. Refund of Committee Expense	10
3. Refund of Health Premiums	12,039
4. Refund for Returned Office Supplies	16,496
5. Reimbursement of Retirement Plan Expense	109
6. Reimbursement of Delegates Expense	42
7. Refund of Subscriptions and Periodicals Expense	186
8. Refund of Legal Fees	7,020
9. Refund of Special Events Expense	95,384
10. Reimbursement of Honor Member Expense	515
11. Refund of Accounting Expense	6,500
12. Reimbursement of Telephone Calls	17
13. Refund of Dues to Various Organizations	110
14. Reimbursement of Payroll	9,446
15. Security Deposits	1,839
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other receipts - other	161,936



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**SCHEDULE 15 -- OTHER DISBURSEMENTS - Other**

Description (A)	Amount (B)
1. Committee Expense	49,451
2. Delegates Expense	43,135
3. Executive Board and Examination Fees	8,299
4. Special Events	729,561
5. Organizing Expenses	87,407
6. Election Expenses	2,321
7. Labor Day Activities	111,104
8. Dues to Various Organizations	256,593
9. Disburs. Of Payroll Deductions From Employees	514,720
10. Deferred Dues - Military Service Funds	19,304
11. Construction Assessment	46,717
12. Temporary Help	33,563
13. Transfer of Local 3 Realty earnings	100,571
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other Disbursements - other	2,002,746

